PLACE OF BIRTH	ARIZONA STATE BUREAU OF VITAL STATISTICS	
County of Ma	ORIGINAL CERTIFICATE OF BI	ling.
District of interest	ORIGINAL CERTIFICATE OF D.	Local Registrar's No
Town of Mahan		St;Ward)
City of	(No	
FULL NAME OF CHILD THE If child is not named, make Supple	annel Munson	local registrar. Alive SEC
Sex of Child Male or other	and Number Legiti- in order of birth mate?	Date of Birth (Month) (Day) (Yr.) MOTHER
Full Same Chilasio M.	Full Maiden Name Residence	via Casada
Color Age a Birth	t lett day Color or Race M	Age at last Birthday (Years)
Birthplace Law Migne	1. Mefrico Occupation	en Mexico
Occupation Miner	occupation L	Housenge
Number of child of this mather		tions taken against Ophthalmia neonatorum?
	ATE OF ATTENDING PHYSICIAN O	
I hereby certify that I attended the	e birth of the above child; and that it occu	urred on June /7,191 b, at // AM.
*When there is no attending please or midwife, then the househor should make this return.	hysi- older (Signature) (Attender)	ling physician, midwife, householder *)
Given or Christian name added for supplemental report1		LOCAL REGISTRAR SUR
449-617-4 COUNTY REGISTR	3 (Filed Wy 5 A True Copy AR. Filed Wy 5 191 p.	